

Name:	Phone #:	Vessel Name:
Permit ID #:		Vessel Reg. or Doc. #:
Port / State Landed #1:		Month & Year (ie May 2009):
Port / State Landed #2:		Report Page #:

Area Code = Please refer to Area/Beach codes provided in reporting packet.	Grow Area = Growing Area of corresponding Area Code.	Number of Sets/Hauls & Gear Quantity - Not Applicable	Fishing Time = Number of hours harvesting horseshoe crabs.	Disposition Code = Fate of all landed catch.	Dealer Sold To = Company name of dealer catch was sold to. Please be as specific as possible.
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[illegible]

Did Not Fish (check here): ☐

Signature: _____

Date: _____

Submit report(s) by the 5th of following month either by **FAX: (800-532-3474)** or by **mail: MA Division of Marine Fisheries, 30 Emerson Ave, Gloucester, MA 01930**

* Additional information on the back and in the instructions, including species codes, gear codes, and disposition codes

Codes:

Species Codes			
Horseshoe Crab, Male	HSCM	Horseshoe Crab, Female	HSCF

Disposition Codes		
Sold (Bait)	008	<i>For Bait Permit Holders Only</i>
Sold (Biomedical)	005	<i>For Biomedical Permit Holders Only</i>
Personal Use (Not Sold)	002	
Seized by Enforcement	602	

Gear Codes			
By Hand	0600	Rakes	0411
Otter Trawl	0310	Other	1200